

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10 / 049570	APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2		1				52			
3		2				53			
4		2				54			
5		2				55			
6		2				56			
7		2				57			
8		2				58			
9		2				59			
10		2				60			
11		2				61			
12		2				62			
13						63			
14						64			
15						65			
16						66			
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39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1					TOTAL IND.			
TOTAL DEP.	21					TOTAL DEP.			
TOTAL CLAIMS	22					TOTAL CLAIMS			